



City of Frankfort
PLANNING & BUILDING CODES
DEPARTMENT
P.O. Box 697
Frankfort, Kentucky 40602
Phone: (502) 352-2094 Fax: (502) 875-3579
www.cityoffrankfortky.com

HOME OFFICE QUESTIONNAIRE

This questionnaire must be completed by Business License applicants when the proposed business will be located in their home. The Planning & Building Codes Department will review this information to determine if the business can be approved administratively as a "Home Office" or if approval of the business as a "Major Home Occupation" is required by the Board of Zoning Adjustments.

1. Name of Applicant/Business _____
2. Location of Business _____
3. What type of work will take place at this location? _____
4. Will you have any employees working in your home who do not reside there? _____
5. Total number of employees (including yourself) _____
6. Estimated square footage of office area for your business use _____
7. Estimated square footage of your home _____
8. Is the home one-story or two story (Circle answer, basements are counted as a story).
9. What type of equipment will be used in conjunction with the business at this location?

10. Will there be any storage of materials, supplies, or goods at this address? ☐ Yes ☐ No
If so, please list them: _____
12. Will there be any customers coming to your home? ☐ Yes ☐ No
13. Please briefly explain the process of how your business will be conducted : _____

I have read the attached section 19.07, Home Occupations, of the Frankfort Zoning Ordinance. I have understand the limitations contained within the regulation and that violation of any part of Section 19.07 constitutes as criminal offense punishable by up to \$500 for each violation.

Signature _____ Print Name: _____

Mailing Address _____

Phone number (daytime) _____

Planning Department Use Only: _____ Zone: _____

Reviewed by: _____ Date: _____

Conditions: _____

Approved : ☐ _____ Disapproved: ☐ _____